

REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
January 26, 2015

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
10.09.48	Targeted Case Management for People with Intellectual and Developmental Disabilities	The purpose of this proposal is to define certain terms relating to targeted case management, replace the term resource coordination with coordination of community services, accurately reflect processes and approved reimbursement rates for providers.	12/9/14			
10.09.26	Community Pathways Waiver Program for Individuals with Developmental Disabilities	The purpose of this proposal is to bring the State into compliance with its federally approved home and community-based services waiver for individuals with developmental disabilities. Services currently provided are bundled within other service types and are not easily identifiable. The changes in this proposal will unbundle and clarify services and lay the groundwork for improved tracking and funding of each service type.	12/3/14			
10.09.90	Mental Health Case Management: Care Coordination for Children and Youth	The purpose of this proposal is to clarify billing provisions for care coordination case management providers.	12/2/14	1/23/14		
10.09.02	Physicians' Services	The purpose of this proposal is to align Medicaid coverage of gender reassignment with the Maryland State Employees' Health Benefit program and recent changes in Medicare policy.	11/25/14			
10.09.10	Nursing Facility Services	The purpose of this proposal is as follows: 1. To adopt prospective payment for providers of nursing facility services. 2. To sunset certain current regulations and to implement, on a phased-in basis, a reimbursement methodology that is price-based, uses a more precise acuity-adjustment for nursing services, and covers capital costs through a fair rental value approach. 3. To increase Medicaid rates for nursing facility services by 1.725 percent effective January 1, 2015, consistent with the Program's budget for Fiscal Year 2015.	12/2/14	1/9/14		
10.09.24	Medical Assistance Eligibility	The purpose of this proposal is to develop and amend state regulations regarding the Long-Term Care (LTC) Insurance Partnership Program that includes: (1) A resource disregard in a dollar amount equal to the insurance benefit payments made to or on behalf of a Partnership Policyholder; (2) A disregard from estate recovery of a dollar amount equal to the insurance	12/2/14	1/23/14		

REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
January 26, 2015

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
		benefit payments made to or on behalf of a Partnership Policyholder that would otherwise be available to the State; and (3) State regulatory language for current eligibility policy that establishes the maximum home equity limit allowed in order to be eligible for long term care coverage. These proposed regulations are consistent with the provisions of the federal Deficit Reduction Act of 2005.				
10.09.18	Oxygen and Related Respiratory Equipment Services	The purpose of this proposal is to require oxygen providers to be accredited by a Medicare approved accreditation organization as a condition of Medicaid enrollment and out-of-State providers, more than 25 miles beyond the Maryland state line, to supply site visit documentation.	12/2/14			
10.09.12	Disposable Medical Supplies and Durable Medical Equipment	The purpose of this proposal is to require Durable Medical Equipment and Supply providers to be accredited by a Medicare approved accreditation organization as a condition of Medicaid enrollment and out-of-State providers, more than 25 miles beyond the Maryland state line, to supply site visit documentation.	12/2/14			
10.09.05	Dental Rates and ASC Services	The purpose of this proposal is to account for updates in the Maryland Medicaid Dental Services Fee Schedule and Procedure Codes CDT, and the addition of Ambulatory Surgical Centers (ASC) as a covered service location.	12/2/14	1/9/14		
10.09.55	Physician Assistants	The purpose of this proposal is to allow Physician Assistants to enroll as Medicaid providers and be reimbursed from the Medicaid Program.	12/4/14	1/9/14		
10.09.08.01 —.08	Free-Standing Clinics	The purpose of this proposal is to implement policies and procedures for Free-Standing Clinics.	12/4/14	1/9/14		
10.09.84	Community First Choice	The purpose of this proposal is to: align the language in the Community First Choice regulations with the language in the proposed amendments to COMAR 10.09.20 Community Personal Assistance Services; make grammatical corrections; update the current requirement to allow people to stay in the program under less restrictive terms; and to include rates.	12/4/14	1/23/14		
10.09.20	[Personal Care Services] <i>Community Personal Assistance Services</i>	The purpose of this proposal is to modify Medicaid coverage of personal assistance services for individuals who do not require an institutional level of care, in order to cover and pay for services in a manner that is consistent with the Program's coverage of personal assistance services under COMAR 10.09.84 Community First Choice for individuals who require an institutional level of care. The proposed action is to be effective July 1, 2015.	12/4/14	1/23/14		

REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
January 26, 2015

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
10.09.36.03	General Medical Assistance Provider Participation Criteria	The purpose of this proposal is to amend the language of COMAR 10.09.36.03 to bring the regulation in line with statutory documentation.	9/30/14	11/14/14	1/23/14	
10.09.23	EPSDT Services ICFA	The purpose of this proposal is to clarify which services require preauthorization.	10/10/14	12/1/14		
10.09.65.19	Maryland Medicaid Managed Care Program : Managed Care Organizations	The purposes of this proposal are to Implement the mid- year adjustment to the calendar year 2014 MCO's HealthChoice rates and to add a supplemental payment for Hepatitis C drugs.	9/30/14	11/14/14	1/23/14	
10.09.60.01 —.22, 10.09.62.01, 10.09.63.01 —.03 and .06, 10.09.64.05 —.07 and .10, 10.09.65.01 —.05, .08, .10—.12, .14, .15, .20, .21, and .27, 10.09.66.02, .04, .05 and .07,	Primary Adult Care Eligibility Definitions Eligibility and Enrollment MCO Application Managed Care Organizations Access	The purposes of this action are to: 1) Repeal in its entirety COMAR 10.09.60 Primary Adult Care Eligibility as the program ended January 1, 2014; 2) Remove all references to Substance abuse services and the Specialty Mental Health System as they are being combined, substance abuse is being taken out of the MCO benefit package and covered through the Behavioral health ASO; 3) Add language to include rehabilitative services as a covered benefit for the Medicaid expansion population; 4) Clarify that specialty drugs may only be available via mail order; 5) Remove requirement that MCOs provide a durable plastic card; 6) Remove requirement that a paper copy of the provider directory be included as part of the enrollee handbook; 7) Add disease management as a covered service; and 9) Remove obsolete language and update incorrect references	10/3/14	11/14/14		

REGULATION TRACKING
MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
January 26, 2015

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
10.09.67.01, .04, .06, .12, and .26—.28	Benefits					
10.09.70	Maryland Medicaid Managed Care Program: Non-Capitated Covered Services	The purposes of this proposal are to repeal an obsolete chapter regarding the Specialty Mental Health System, as these services are now addressed in COMAR 10.09.59, and to adopt a new chapter that clarifies all the services that are not the responsibility of the MCOs but are covered by the Department on a fee-for-service basis.	8/21/14	10/3/14	12/12/14	12/22/14
10.09.80	Community-Based Substance [Abuse] Use Disorder Services	The purpose of this proposal is to amend the current chapter to include all covered community-based substance use disorder services under one chapter. The amendment clarifies the substance use disorder community-based services that are covered under the HealthChoice MCO self-referred process and covered by the Department on a fee-for-service basis.	8/28/14	10/3/14	12/12/14	12/22/14
10.09.59	[Rehabilitation and Other] Specialty Mental Health Services	The purpose of this proposal is to clarify details of Medicaid's specialty mental health system, including participant access, provider requirements, and services offered.	8/21/14	10/3/14	12/12/14	12/22/14
10.09.41	Employed Individuals with Disabilities	The purpose of this proposal is to amend the requirements specified in regulations to (1) Extend the certification period associated with the EID program from 6 months to a 12 month certification period and (2) Restore a less restrictive pre-existing premium requirement (current requirement was promulgated, effective 3/1/2014, but not implemented).	9/30/14	11/14/14	1/23/14	
10.09.91	Presumptive Eligibility by Hospitals	The purpose of this proposal is to adopt new regulations that comply with the provisions of the Affordable Care Act that relate to presumptive eligibility by hospitals.	8/28/14	10/3/14	12/12/14	12/22/14
10.09.02.07	Physicians' Services	The purpose of this proposal is to update the rates in the fee schedule for Physician's Services.	8/21/14	10/3/14	12/12/14	12/22/14
10.09.49	Telemedicine	The purpose of this action is to repeal the geographic limitations on healthcare services delivered via telemedicine. This amendment is in accordance with SB198/HB802, passed during the 2014 legislative session.	8/18/14	10/3/14	12/12/14	12/22/14

**REGULATION TRACKING
 MEDICAID ADVISORY COMMITTEE MONTHLY REPORT
 January 26, 2015**

COMAR	TITLE	PURPOSE	AELR DATE	DATE OF 1 ST PRINTING IN MD REG	DATE OF FINAL PRINT IN MD. REG.	APPROVED (10 DAYS AFTER FINAL)
10.09.33.04	Health Homes: Conditions for Provider Participation	The purpose of this proposal is to clarify requirements for providers regarding access to real-time pharmacy data.	6/18/14	7/25/14	11/14/14	11/24/14
10.09.54	Home and Community Based Options Waiver	The purpose of this proposal is to include Medicaid coverage of respite care under this chapter to be offered in both enrolled nursing facilities and assisted living facilities.	7/29/14	9/5/14	12/1/14	12/11/14
10.09.10	Nursing Facility Services	The purpose of this proposal is to: (1) Extend the cost threshold of 10 percent for providers to request an interim rate change due to higher costs in the Administrative/Routine, Other Patient Care and Capital cost centers to December 31, 2014; (2) Maintain current reimbursement rates for nursing home providers for the period July 1, 2014 -December 31, 2014 consistent with the Program's budget for Fiscal Year 2015; (3) Extend the Interim Working Capital Fund for one year from May 1, 2014 to May 1, 2015; and (4) Classify costs incurred for legal services for establishing financial eligibility or to obtain representation or guardianship of nursing facility residents or their property as non-allowable costs.	6/17/14	7/25/14	12/1/14	12/11/14